PTO/SB/21 (08-03) HADRIE TRADERIE Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/722.685 TRANSMITTAL Filing Date Nov mber 24, 2003 **FORM** First Named Inventor **Brett** Art Unit Ĭ, (to be used for all correspondence after Initial filing) **Examiner Name** Attorney Docket Number Total Number of Pages in This Submission ExpC:EptaWed **ENCLOSURES** (Check all that apply) X After Allowance communication Fee Transmittal Form in duplicate Drawing(s) to Group Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to Group Amendment/Reply Petition (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final **Provisional Application** Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please **Extension of Time Request** Terminal Disclaimer Identify below): Express Abandonment Request 14 Request for Refund see remarks Information Disclosure Statement CD, Number of CD(s) (including copy of cited foreign reference)

Certified Copy of Priority Remarks Document(s) return receipt postcard Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Karen Dana Oster Individual name Signature Date Jánuary**9**, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Karen Dana Oster

Signature

Date January 7, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

| Complete if Kn wn | | | | |
|----------------------|-------------------|--|--|--|
| Application Number | 10/722,685 | | | |
| Filing Dat | November 24, 2003 | | | |
| First Named Inventor | Brett | | | |
| Examiner Name | | | | |
| Art Unit | | | | |
| Attorney Docket No. | ExpC:EptaWed | | | |

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | |
|--|--|----------|--|--|
| X Check Credit card Money Other None | 3. ADDITIONAL FEES | | | |
| X Deposit Account: | Large Entity Small Entity | | | |
| Deposit Account 50-2115 | Fee Fee Code (\$) Fee Description | Fee Paid | | |
| Number | 1051 130 2051 65 Surcharge - late filing fee or oath | | | |
| Deposit Account Name | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet | | | |
| The Director is authorized to: (check all that apply) | 1053 130 1053 130 Non-English specification | | | |
| Charge fee(s) indicated below Credit any overpayments | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination | | | |
| Charge any additional fee(s) or any underpayment of fee(s) | 1804 920° 1804 920° Requesting publication of SIR prior to Examiner action | | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action | | | |
| FEE CALCULATION | 1251 110 2251 55 Extension for reply within first month | | | |
| 1. BASIC FILING FEE | 1252 420 2252 210 Extension for reply within second month | | | |
| Large Entity Small Entity | 1253 950 2253 475 Extension for reply within third month | | | |
| Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) | 1254 1,480 2254 740 Extension for reply within fourth month | | | |
| 1001 770 2001 385 Utility filing fee | 1255 2,010 2255 1,005 Extension for reply within fifth month | | | |
| 1002 340 2002 170 Design filing fee | 1401 330 2401 165 Notice of Appeal | | | |
| 1003 530 2003 265 Plant filing fee | 1402 330 2402 165 Filing a brief in support of an appeal | | | |
| 1004 770 2004 385 Reissue filing fee | 1403 290 2403 145 Request for oral hearing | | | |
| 1005 160 2005 80 Provisional filing fee | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | | | |
| SUBTOTAL (1) (\$) 0 | 1452 110 2452 55 Petition to revive - unavoidable | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1453 1,330 2453 665 Petition to revive - unintentional | | | |
| Fee from | 1501 1,330 2501 665 Utility issue fee (or reissue) | | | |
| Total Claims | 1502 480 2502 240 Design issue fee | | | |
| Independent 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 | 1503 640 2503 320 Plant issue fee | | | |
| Claims -3** = X = 0 | 1460 130 1460 130 Petitions to the Commissioner | | | |
| | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | | | |
| Large Entity Small Entity Fee Fe | 1806 180 1806 180 Submission of Information Disclosure Stmt | | | |
| Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20 | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | | | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) | | | |
| over original patent | 1801 770 2801 385 Request for Continued Examination (RCE) | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination of a design application | | | |
| SUBTOTAL (2) (\$) 0 | Other fee (specify) | | | |
| **or number previously paid, if greater, For Reissues, see above | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) | 0 | | |

| SUBMITTED BY (Complete (If applicable)) | | | | | applicable)) |
|---|------------------|-----------------------------------|--------|-----------|-----------------|
| Name (Print/Type) | Karen Dana Oster | Registration No. (Attorney/Agent) | 37,621 | Telephone | (503) 810-2560 |
| Signature | fren (hts | | | Date | January 7, 2004 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT APPLICATION EXAMINING OPERATIONS

Applicant:

Brett

Group Art Unit:

Serial No.:

10/722,685

Examiner:

Filed:

11-24-2003

Docket No.:

ExpC:EptaWed

Title:

Epidural Thermal Posterior Annuloplasty

INFORMATION DISCLOSURE STATEMENT IN ACCORDANCE WITH 37 CFR §1.98

Law Office of Karen Dana Oster, LLC PMB 1020 15450 SW Boones Ferry Rd. #9 Lake Oswego, OR 97035 January 7, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant submits herewith a list of references of which he is aware and which he desires to have considered by the Patent Office in accordance with 37 CFR Sec. 1.97. In accordance with 37 CFR Sec. 1.97(b)(3), this Information Disclosure Statement is being submitted before the mailing date of a first office action on the merits.

In accordance with 37 CFR Sec. 1.97(h), the filing of this Information Disclosure Statement will not be regarded as an admission that any patent or patents, or other art referred to herein is, or is considered to be, material to patentability under 37 CFR Sec. 1.56(b) unless specifically designated as such.

A list of the patents is set forth on the attached two page form. Only foreign and/or nonpatent references have been provided.

The person making this statement is the attorney who signs below on the basis of the information supplied by the inventor and the information in the file.

Please charge Deposit Account No. 50-2115 for any additional fees which may be required.

Respectfully submitted,

Karen Dana Oster Reg. No. 37,621

Of Attorneys of Record Tel: (503) 810-2560

PTO/SB/08a (08-03) Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| Substitute for form 1449A/PTO | | | Complete if Known | | | |
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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | | Application Number | 10/722,685 | | |
| | | Filing Date | Nov mber 24, 2003 | | | |
| | | First Named Inventor | Brett | | | |
| | | 7.64. | Art Unit | | | |
| | (Use as many sheets as necessary) | | Examiner Name | | | |
| et | 1 of 3 | 2 | Attorney Docket Number | ExpC:EptaWed | | |

| | | | U. S. PATENT | DOCUMENTS | |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number Number-Kind Code ^{2 (f known)} | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| | FOREIGN PATENT DOCUMENTS | | | | | |
|---|--------------------------|---|---|---|---|----------------|
| Examiner | Cite | Foreign Patent Document | Publication Date | Name of Patentee or | Pages, Columns, Lines, | |
| Initials* | No. | Country Code ³ Number ⁴ Kind Code ⁵ (if known) | MM-DD-YYYY | Applicant of Cited Document | Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | WO 01/26570 | 04-19-2001 | Arthrocare Corporation | | |
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| Examiner | Date | |
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| Signature | | |
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Translation is attached.

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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT | | Application Number | 10/722,685 | | | |
| | | Filing Date | N vember 24, 2003 | | | |
| | | First Named Inventor | Brett | | | |
| _ | | | Art Unit | | | |
| | (Use as many sheets as necessary) | | Examiner Name | | | |
| et | 2 of | 2 | Attorney Docket Number | ExpC:EptaWed | | |

| Examiner Initials* | Cite No.1 | Document Number | Publication Date | DOCUMENTS Name of Patentee or | Pages, Columns, Lines, Where |
|-----------------------|--------------|---|------------------|--------------------------------|---|
| inicars | No. | Number-Kind Code ^{2 (7 troom)} | MM-DD-YYYY | Applicant of Cited Document | Relevant Passages or Relevant Figures Appear |
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| | | US- | | | |

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|-------------------------|--------------------------|--|---|--|---|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
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| | | | | | | |

| Examiner | Date | |
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| Signature | | |
| Signature | Considered | |
| | | |

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